

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>3</u> B. WING: _____	(X3) DATE SURVEY COMPLETED 02/12/2016
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NAME OF PROVIDER OR SUPPLIER
AUTUMN HOME CARE OF JOHNSTON COUNT

STREET ADDRESS, CITY, STATE, ZIP CODE
**474 JERRY ROAD
SELMA, NC 27576**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates and Billy Bryant on February 12, 2016. Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about December 18, 1990 for Twelve (12) Beds. Based on the above information, the facility is required to meet the 1987 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 North Carolina Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Revision 10.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building and furnishings clean and in good repair. Findings include: a- The carpet in the Living Room is fraying in two places.	C 164	UPON OUR EXIT INTERVIEW MR. BRYANT STATED THAT WITHIN THE NEXT TWO YEARS WE WOULD NEED TO REPLACE THE CARPET. THIS LETTER STATES WE HAVE 45 DAYS FROM THE SURVEY TO COMPLETE - I'VE CALLED MR. CATES AND LEFT MESSAGES FOR CLARIFICATION THREE TIMES SINCE RECEIVING THIS LETTER ON MARCH 8, 2016. WITH NO REPLY. SO I AM ASKING FOR AN EXTENSION UNTIL THE CARPET COMPANY CAN INSTALL. THANKS! THOMAS	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE: [Signature] TITLE: ADMINISTRATOR (X6) DATE: 3/11/2016

STATE FORM 899 8W8D21 If continuation sheet 1 of 2

Division of Health Service Regulation

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C 189	Continued From page 1	C 189			
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the fire safety systems safe and operating. This deficiency may affect residents during a power outage.</p> <p>Findings include:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>a- The EXIT/ emergency light combination near the Laundry does not operate on battery power.</p> </div>	C 189	<p>REPLACED WITH NEW BATTERY 6v 5ah AND IT IS FUNCTIONAL.</p> <p>MY STAFF AND I WILL CONTINUALLY MONITOR ALL AREAS FOR PROBLEMS.</p>	2/19/16	

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Handwritten signature and date: 3/11/2016